FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |     |  |  |  |  |  |  |  |  |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028     |     |  |  |  |  |  |  |  |  |
| Estimated average burden |     |  |  |  |  |  |  |  |  |
| hours per response:      | 0.5 |  |  |  |  |  |  |  |  |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Blum Robert I    |   |  |  |         |  | 2. Issuer Name and Ticker or Trading Symbol Gamida Cell Ltd. [ GMDA ] |          |        |  |           |  |   |  | (Che    | elationship of the ck all application   | ,   |      |  |   |
|---|---|--|--|---------|--|---|----------|--------|--|-----------|--|---|--|---------|---|---|------|--|---|
|   | (FI<br>MIDA CEL<br>NTINGTON   | L LTD.                                     | (Middle)   |         |  | 3. Date of Earliest Transaction (Month/Day/Year) 02/08/2023           |          |        |  |           |  |   |  |         | Officer<br>below)   | (give title   |      | Other (s<br>below)   | specify   |
|   |   | - 4. If                                    | 4. If Amendment, Date of Original Filed (Month/Day/Year) |         |  |   |          |        |  |           |  | 6. Individual or Joint/Group Filing (Check Applicable Line)                                 |  |         |   |   |      |  |   |
| (Street) BOSTO  | N M   | Ā  | 02116  |         |  |   |          |        |  |           |  |   |  |         | Form filed by One Reporting Person Form filed by More than One Reporting Person |   |      |  |   |
| (City)  | (S  | tate)                                      | (Zip)  |         |  |   |          |        |  |           |  |   |  |         |   |   |      |  |   |
|   |   | Tab  | le I - No  | n-Deriv | vative                                 | e Se  | curities | Acc    | quired,  | Dis       | posed o  | f, or E   | enef                                       | ficiall | y Owned   | l   |      |  |   |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/D. |   |  |  |         |  | Execution Date,   |          |        | 3.<br>Transa<br>Code (I                              |           | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4<br>5) |   |  |         | 5. Amou<br>Securitie<br>Beneficia<br>Owned F                                    | s Form<br>(D) collowing (I) (II   |      | : Direct<br>r Indirect<br>str. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |
|   |   |  |  |         |  | Code  | v        | Amount | (A<br>(D   | or        | Price  | Transact  | eported<br>ransaction(s)<br>nstr. 3 and 4) |         |   | (Instr. 4)  |      |  |   |
| Ordinary Shares 02/08/                                    |   |  |  |         |  | /2023   |          | Α      |  | 28,300(1) |  | A   | \$0.00                                     | 82      | 82,300  |   | D    |  |   |
| Ordinary Shares 02/08                                     |   |  |  |         | 8/2023                                 | /2023   |          |        | A  |           | 14,200   | (1)   | A  | \$0.00  | 96,500  |   | D    |  |   |
|   |   | •  | Table II -   |         |  |   |          |        |  |           | osed of,<br>onvertil   |   |  |         | Owned   |   |      |  |   |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)       | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deeme<br>Execution<br>if any<br>(Month/Da            | Date,   | 4.<br>Transaction<br>Code (Instr<br>8) |   |          |        | 6. Date Exercis<br>Expiration Date<br>(Month/Day/Yea |           | •  | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Sec<br>(Instr. 3 and 4) |  |         | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)                             | 9. Number<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | illy | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4)               |
|   |   |  |  |         | Code                                   | v   | (A)      |        | Date<br>Exercisat                                    |           | Expiration<br>Date   | Title   | or<br>Nu<br>of                             | ımber   |   |   |      |  |   |
| Share<br>Option<br>(Right to<br>Buy)                      | \$1.59  | 02/08/2023                                 |  |         | A                                      |   | 56,600   |        | (2)  | (         | 02/07/2033   | Ordina<br>Share   |  | 5,600   | \$0.00  | 56,600  | )    | D  |   |
| Share<br>Option<br>(Right to                              | \$1.59  | 02/08/2023                                 |  |         | A                                      |   | 28,300   |        | (2)  |           | 02/07/2033   | Ordina<br>Share   |  | 3,300   | \$0.00  | 28,300  | )    | D  |   |

## **Explanation of Responses:**

- 1. Represents a restricted share unit award, which shall vest on February 8, 2024, subject to the Reporting Person's continuous service through such vesting date.
- 2. This option vests in equal quarterly installments over a twelve-month period, with the first such installment vesting on May 8, 2023, subject to the Reporting Person's continuous service through each such vesting date

## Remarks:

/s/ Joshua F. Patterson, Attorney-in-Fact

02/10/2023

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.